Gravely v. South Central Regional Jail 2:19-cv-00337

				Jail 2:19-cv-	-0033/
0	v /	<i>'</i>	// UNITED STATES D	USTRICT COURT 35°	71455
W K	Torfon	- Stary	UNITED STATES DE SOUTHERN DISTRICT	OF WEST VIRGINIA	
1/124	/(Javie	100 N Draven	#348480	10
P	11	Deho	m CSp	# 3517737	
Λ	4	1		# 2571754	
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`	Q	le T	bled it	3516277	RORY L. PERRY II, CLERK U.S. District Court Southern District of West Virgin
			ve the full name of the plaintiff	(Inmate Reg. # of e	each Plaintiff)
	or p	laintiffs	s in this action).		
	VEI	RSUS	CIVI	L ACTION NO. 2:18-c	v-1335
				ber to be assigned by Cour	
	S	oth G	stal keg JAil		
	A				
	#			3 100	
	*				
	(Ent	er abov	e the full name of the defendant	***************************************	
			its in this action)		
			COMPL	A TRIT	
			COMPL	AINI	
	I.	Prev	ious Lawsuits		
		A.	Have you begun other lawsuits in facts involved in this action or other	state or federal court dealing	g with the same
			ž		nsomment:
			Yes	No	

В.	is n	If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).				
	1.	Parties to this previous lawsuit:				
	,	Plaintiffs:				
	•					
		Defendants:				
	2.	Court (if federal court, name the district; if state court, name the county);				
	3.	Docket Number:				
	4.	Name of judge to whom case was assigned:				
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?				
	6.	Approximate date of filing lawsuit:				
	7.	Approximate date of disposition:				

II.	Pla	ce of Present Confinement: SCRJ
	A.	Is there a prisoner grievance procedure in this institution?
		Yes No
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?
		Yes No
	C.	If you answer is YES:
		1. What steps did you take? pot a Grievance in.
		2. What was the result? No response
	D.	If your answer is NO, explain why not:
III.	Part	ties
	and	tem A below, place your name and inmate registration number in the first blank place your present address in the second blank. Do the same for additional ntiffs, if any.)
	A.	Name of Plaintiff: Joseph Lobots In #3516277
		Address: 509 vine St South Charleston wy 25000
	В.	Additional Plaintiff(s) and Address(es):
		5 Don LANE White Plains NY. 10607
Eler	y CA	P418 BAYCOR CANE CHAS, WD 25312
•	`	

	offic blan	tem C below, place the full name of the defendant in the first blank, his/her sial position in the second blank, and his/her place of employment in the third k. Use item D for the names, positions, and places of employment of any tional defendants.)
	C.	Defendant:
		is employed as:
		at
	D.	Additional defendants:
IV.	State	ment of Claim
_ =	is inv not gi numb space	here as briefly as possible the <u>facts</u> of your case. Describe how each defendant olved. Include also the names of other persons involved, dates and places. Do ive any legal arguments or cite any cases or statutes. If you intend to allege a er of related claims, set forth each claim in a separate paragraph. (Use as much as you need. Attach extra sheets if necessary.)
<u> </u>		lep, where we shower, where we work
145	0.	a Everything + more is doing Athing.
<u> 160.</u>	X 17	+ 611

I(Jere	oup CAUSING ME TO COUGH CONSTANTLY
		CIOCOCO COCOCI COMPANICO

AND STAY STUFFY TON THE NOSE

IV.	Statement of Claim (continued):
601	my de ve have to live in a unsanitary
enu	roment with Black mold on every until including
	cell wall's and the Shower walls also in the Kitchen.
Also	every Kind of of hep ABC is aron a outbreak
righ	how and we can't even get bleach or cleaning
Suppl	ys on a regular basis. Think the mold could
	causing me to have shortness of breath.

V.	Relief
. <u>.</u>	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
(6	Tasties.

V.	Rel	Relief (continued)):			
	·				
		· · · · · · · · · · · · · · · · · · ·			
VII.	Cou	ngal			
V 11.	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:			
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?			
		Yes No If so, state the name(s) and address(es) of each lawyer contacted:			
	TAK S John S S S S S S S S S S S S S S S S				
		If not, state your reasons:			
	C.	Have you previously had a lawyer representing you in a civil action in this court?			
		Yes No			

If so, state the lawyer's name and address:
Signed this 16th day of Sept ,2018. Solar Strangle 3571755 William Charles The Hoover The Signature of Plaintiffs
I declare under penalty of perjury that the foregoing is true and correct. Executed on 9/16/18
(Date)
Signature of Movant/Plaintiff
Signature of Attorney (if any)



CHARLESTON WAY 22

Clerk United States District Court P.O. Box 2546 Charleston, Mest Mrsinia 25349

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1001 Cartre Way Charleston W.V. 25309 EARIN. HOOVER III